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Senate is Out-of-Session until Monday, Ianuary 23<sup>rd</sup>

#### **ADMINISTRATION UPDATES**

## IHS Director Initiates Consultation on Long-Term Care

On January 6<sup>th</sup>, Indian Health Service (IHS) Director, Dr. Yvette Roubideaux, released a "Dear Tribal Leader Letter" requesting consultation on implementation of the long-term care provisions in the recent permanent reauthorization of the Indian Health Care Improvement Act included as a part of the Affordable Care Act. IHS is requesting comments on both the recommendations developed at the November 2010 Conference entitled "Long-Term Care in Indian Country: New Opportunities and

New Ideas" and the priorities for implementation efforts. While the agency has not received specific funding for long-term care, IHS would like to identify actions it can take now while it works through the budget formulation process on this topic. Comments are due by March 16, 2012.

Key Definitions: Long-Term Care and the Indian Health Care Improvement Act

Long-Term Care in Indian Country: New Opportunities and New Ideas

Dr. Roubideaux writes to Tribal Leaders to initiate a consultation on implementing long-term care provisions arising from the Indian Health Care Improvement Reauthorization and Extension Act of 2009 (IHCIA)

# HHS Releases 2012 Tribal Budget and Regional Tribal Consultation Dates

On January 11<sup>th</sup>, the Department of Health and Human Services released a "Dear Tribal Leader Letter" inviting Tribes to the 14<sup>th</sup> Annual U.S. Department of Health and Human Services (HHS) Tribal Budget Consultation (ATBC) which will take place from March 7- 9, 2012, in the Great Hall of the Hubert H. Humphrey Building at 200 Independence Avenue, SW, Washington, DC as well as to its 2012 Annual Regional Tribal Consultations held across the country.

In an effort to continuously improve the consultation process and in order to facilitate better communication and consultation with Tribes, HHS will develop an improved agenda format for the 2012 ATBC based on feedback from Tribal and Federal participants. The



Department understands the importance of hearing from Tribes on national crosscutting issues, regional perspectives, as well as Tribalspecific concerns and has developed a format that will allow for all.

For more information, click here.

### Affordable Care Act Holding Insurers Accountable For Premium Hikes

Health insurance premium increases in five states have been deemed "unreasonable" by the U.S. Department of Health and Human Services, HHS Secretary Kathleen Sebelius announced Thursday.

After independent expert review, HHS determined that Trustmark Life Insurance Company has proposed unreasonable health insurance premium increases in five states—Alabama, Arizona, Pennsylvania, Virginia, and Wyoming. The excessive rate hikes would affect nearly 10,000 residents across these five states.

To make these determinations, HHS used its "rate review" authority from the Affordable Care Act (the health care law of 2010) to determine whether premium increases of over 10 percent are reasonable.

In these five states, Trustmark has raised rates by 13 percent. For small businesses in Alabama and Arizona, when combined with other rate hikes made over the last 12 months, rates have increased by 27.2 percent and 18.1 percent, respectively. These increases were reviewed by independent experts to determine whether they are reasonable. In this case, HHS determined that the rate increases were unreasonable because the insurer would be spending a low percent of premium dollars on actual medical care and quality improvements, and because the justifications were based on unreasonable assumptions.

In addition to the review of rate increases, many states have the authority to reject unreasonable premium increases. Since the passage of the health care reform law, the number of states with this authority increased from 30 to 37, with

several states extending existing "prior authority" to new markets.

Examples of how states have used this authority include:

- In New Mexico, the state insurance division denied a request from Presbyterian Healthcare for a 9.7 percent rate hike, lowering it to 4.7 percent;
- In Connecticut, the state stopped Anthem Blue Cross Blue Shield, the state's largest insurer, from hiking rates by a proposed 12.9 percent, instead limiting it to a 3.9 percent increase;
- In Oregon, the state denied a proposed 22.1 percent rate hike by Regence, limiting it to 12.8 percent.
- In New York, the state denied rate increases from Emblem, Oxford, and Aetna that averaged 12.7 percent, instead holding them to an 8.2 percent increase.
- In Rhode Island, the state denied rate hikes from United Healthcare of New England ranging from 18 to 20.1 percent, instead seeing them cut to 9.6 to 10.6 percent.

Thursday's announcement comes the same week that a report showed that health care spending has grown at remarkably low rates. According to an analysis done each year by the Centers for Medicare & Medicaid Services, U.S. health care spending experienced historically low rates of growth in 2009 and 2010. A recent study released by Mercer Consulting also showed a slow-down in the average employee health benefit cost to businesses.

For more information on the specific determinations made today, please visit <a href="http://companyprofiles.healthcare.gov/">http://companyprofiles.healthcare.gov/</a>



For general information about rate review, visit: <a href="http://www.healthcare.gov/law/features/costs/r">http://www.healthcare.gov/law/features/costs/r</a> ate-review/

## Reminder: February 1<sup>st</sup> Deadline to Notify OPM of Intent to Enroll in FEHB

In a "Dear Tribal Leader Letter" dated December 21<sup>st</sup>, the Office of Personnel Management (OPM) provided an update on Tribal access to the Federal Employees Health Benefits (FEHB) Program. Under the permanent reauthorization of the Indian Health Care Improvement Act (IHCIA), Tribes and Tribal organizations operating programs under the Indian Self-Determination and Education Assistance Act are eligible to purchase health insurance for their employees under the FEHB Program.

Tribal employers may begin to enroll employees starting on March 22, 2012 with an effective coverage date of May 1, 2012. All Tribes, Tribal organizations, and Urban Indian organizations wishing to participate in the FEHB program must notify OPM by February 1, 2012 via email at: <a href="mailto:tribalprograms@opm.gov">tribalprograms@opm.gov</a> or via phone at: 202-606-2530.

For more information, including the "Dear Tribal Leader Letter" and 2012 FEHB plans, click here.

## Reminder: January 31<sup>st</sup> Deadline to Comment of HHS Essential Health Benefits Bulletin

The Department of Health and Human Services recently released a bulletin outlining proposed policies that will give states more flexibility and freedom to implement the Affordable Care Act.

The Affordable Care Act ensures all Americans have access to quality, affordable health insurance. To achieve this goal, the law ensures that health insurance plans offered in the individual and small group markets, both inside and outside of the Affordable Insurance Exchanges (Exchanges), offer a comprehensive package of items and services, known as "essential health benefits."

The bulletin describes an inclusive, affordable and flexible proposal and informs stakeholders about the approach that HHS intends to pursue in rulemaking to define essential health benefits. HHS is releasing this intended approach to give consumers, states, employers and insurers timely information as they work toward establishing Exchanges and making decisions for 2014. This approach was developed with significant input from the public, as well as reports from the Department of Labor, the Institute of Medicine, and research conducted by HHS

The bulletin addresses only the services and items covered by a health plan, not the cost sharing, such as deductibles, copayments, and coinsurance. The cost-sharing features will be addressed in future bulletins and cost-sharing rules will determine the actuarial value of the plan.

NIHB has submitted American Indian and Alaska Native-specific comments on this bulletin. To view NIHB's comments, click here.

Public input on this proposal is encouraged. **Comments are due by Jan 31**<sup>st</sup> and can be sent

to: EssentialHealthBenefits@cms.hhs.gov.

For the essential health benefits bulletin, visit: <a href="http://cciio.cms.gov/resources/regulations/index.html#hie">http://cciio.cms.gov/resources/regulations/index.html#hie</a>

For a fact sheet on the essential health benefits bulletin, visit:

http://www.healthcare.gov/news/factsheets/201 1/12/essential-health-benefits12162011a.html





You are cordially invited to attend
National Indian Health Board's
29th ANNUAL CONSUMER
CONFERENCE

Celebrating

NIHB'S 40th Anniversary September 24-28, 2012 DENVER, COLORADO

#### **UPCOMING EVENTS**

HHS SECRETARY'S TRIBAL ADVISORY COMMITTEE (STAC) MEETING

DATE: JANUARY 17<sup>th</sup> AND 18<sup>th</sup> LOCATION: WASHINGTON, DC

NIHB EXECUTIVE BOARD MEETING DATE: JANUARY 23<sup>RD</sup> AND 24<sup>TH</sup> LOCATION: PHOENIX PARK HOTEL

WASHINGTON, DC

NATIONAL BUDGET FORMULATION WORKGROUP MEETING

DATE: JANUARY  $25^{TH} - 27^{TH}$ 

LOCATION: DOUBLETREE HOTEL

CRYSTAL CITY, VA

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